

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000044944

1. Entity Name
OUR INVESTMENT GROUP, INC.



**FILED
Feb 02, 2005 8:00 am
Secretary of State**

02-02-2005 90031 042 ***150.00

40010309



01262005 Chg-P CR2E034 (10/03)

Principal Place of Business 15734 86TH RD LOXAHATCHEE, FL 33470		Mailing Address 15734 86TH RD LOXAHATCHEE, FL 33470	
2. Principal Place of Business 17564 60th Lane Suite, Apt. #, etc.		3. Mailing Address 17564 60th Lane Suite, Apt. #, etc.	
City & State Loxahatchee FL Zip 33470		City & State Loxahatchee FL Zip 33470	
Country USA		Country USA	
6. Name and Address of Current Registered Agent NIETO, DAGO ALFONSO 15734 86TH RD LOXAHATCHEE, FL 33470			

4. FEI Number
65-0900881 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name DAGO ALFONSO NIETO
Street Address (P.O. Box Number is Not Acceptable)
17564 60th Lane
City Loxahatchee FL Zip Code 33470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reindating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing' Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE PD <input type="checkbox"/> Delete NAME NIETO, DAGO ALFONSO STREET ADDRESS 15734 86TH RD CITY-ST-ZIP Loxahatchee, FL 33470		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P-D Nieto, Dago Alfonso <input type="checkbox"/> Change <input type="checkbox"/> Addition 17564 60th Lane Loxahatchee FL 33470 S-T-D Duchess Bird <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 17564 60th Lane Loxahatchee FL 33470 <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dago Alfonso NIETO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05 561-313-4587

Date

Daytime Phone #